

WEEKLY TIMESHEET

FAX Timesheet to: (866) 917-5056



4640 Admiralty Way #600
 Marina del Rey, CA 90292
 800-917-5055
www.emeraldhs.com

Please sign and FAX to Emerald no later than 12:00 PM (Noon) PST on Monday of the Pay Week

Facility: _____

Pay Period Dates: _____ through _____

City: _____

State: _____

Employee S.S. # _____

Employee Name: _____

Employee Signature: _____

	Day	Date	Unit	Time In	Time Out	Meal	Hours Worked			Special Pay Hours			Remarks
							Regular	OT	DT / Holiday	On-Call	Call Back	Charge	
1									/				
2									/				
3									/				
4									/				
5									/				
6									/				
7									/				
				Totals					/				

Use fractions of hours: Facility Authorization Signature: _____

Date: _____

15 minutes = .25 hours

30 minutes = .50 hours

45 minutes = .75 hours

Printed Name and Title: _____

EMERALD CANNOT PROCESS PAYCHECK WITHOUT AUTHORIZED SIGNATURE

Must be Legible!!

Indicate the amount of time taken for meal break. 30 Minutes will be deducted if nothing is noted.

Client facility is responsible for scheduling the traveler for the weekly/biweekly minimum hours.

Please use the Remarks sections if hours worked are less than the required amount.